

28
9290
T.D

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>1/15/70</i>
GAP & CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>1/15/70</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>21 X 16</i>	<i>05-26-70</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>89</i>	<i>12-2-70</i>

INDEX OF CLAIMS

• <input type="checkbox"/> Rejected	M	Maximized
• <input type="checkbox"/> Allowed	I	Interlocked
• <input type="checkbox"/> (Through account) Carried	A	Appeal
• <input type="checkbox"/> Restricted	O	Objected

Date		Page	
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**If more than 150 claims or 10 actions
 staple additional sheet here**

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BEST AVAILABLE COPY